

Education and Counseling Checklist for Pharmacies

PHARMACY INFORMATION			
Pharmacy Name:			
Street Address:	City:	State:	ZIP Code:
Counselor Name:	Work Phone Number:		
PATIENT INFORMATION			
Patient Name:	Date of Birth:		
REMS CONFIRMATION			
Prescription Authorization Number:		Authorization Date:	
Patient Risk Category: <input type="checkbox"/> Adult Female Who Can Get Pregnant <input type="checkbox"/> Female Child Who Can Get Pregnant <input type="checkbox"/> Adult Female Who Cannot Get Pregnant <input type="checkbox"/> Female Child Who Cannot Get Pregnant <input type="checkbox"/> Adult Male <input type="checkbox"/> Male Child			
Confirmation Prescriber is Certified, Patient is Enrolled and Not Pregnant (if applicable) and the Authorization Number Provided by the Prescriber is Valid: <input type="checkbox"/> Yes <input type="checkbox"/> No		Confirmation Number: Confirmation Date:	
Checklist for Adult Female or Female Child Who Can Get Pregnant			
<input type="checkbox"/> I will make sure that patients are aware that they will receive the Medication Guide along with their prescription			
I COUNSELED ADULT FEMALE OR FEMALE CHILD WHO CAN GET PREGNANT ON:			
<input type="checkbox"/> Potential embryo-fetal toxicity			
<input type="checkbox"/> Not taking pomalidomide if pregnant or breastfeeding			
<input type="checkbox"/> Using at the same time at least 1 highly effective method—tubal ligation, IUD, hormonal (birth controls pills, hormonal patches, injections, vaginal rings, or implants), or partner’s vasectomy—and at least 1 additional effective method of birth control—male latex or synthetic condom, diaphragm, or cervical cap— every time they have sex with a male, or abstaining from sex with a male			
<input type="checkbox"/> Continuing to use at the same time at least 1 highly effective method and at least 1 additional effective method of birth control beginning at least 4 weeks before taking pomalidomide, while taking pomalidomide, during dose interruptions, and for at least 4 weeks after stopping pomalidomide every time they have sex with a male , or abstaining from sex with a male			
<input type="checkbox"/> Unacceptable methods of birth control are progesterone-only “mini-pills”, IUD Progesterone T, female condoms, natural family planning (rhythm method) or breastfeeding, fertility awareness, withdrawal, and cervical shield (A cervical shield should not be confused with a cervical cap, which is an effective secondary form of contraception).			
<input type="checkbox"/> Obtaining a pregnancy test—performed by their healthcare provider—at the required testing schedule: <ul style="list-style-type: none"> • Before treatment initiation (first prescription): <ul style="list-style-type: none"> • 10-14 days prior to initiation of pomalidomide therapy • Within 24 hours of the initial prescription • During treatment: <ul style="list-style-type: none"> • Weekly during the first 4 weeks of use • Thereafter, <ul style="list-style-type: none"> • Every 4 weeks for female patients who can get pregnant with regular menstrual cycles • Every 2 weeks for female patients who can get pregnant with irregular menstrual cycles 			
<input type="checkbox"/> The need to stop taking pomalidomide right away in the event of becoming pregnant, or if they think for any reason they may be pregnant, and to call their healthcare provider immediately			
<input type="checkbox"/> Possible side effects include deep vein thrombosis, pulmonary embolism, myocardial infarction and stroke			
<input type="checkbox"/> Not sharing pomalidomide capsules with anyone			
<input type="checkbox"/> Keeping pomalidomide out of reach of children			
<input type="checkbox"/> Not donating blood while taking pomalidomide (including dose interruptions) and for 4 weeks after stopping pomalidomide			
<input type="checkbox"/> Not breaking, chewing, or opening pomalidomide capsules			
<input type="checkbox"/> Instructions on pomalidomide dose and administration Milligram (mg) Strength: _____ Number of Capsules Dispensed: _____			
FEMALE CHILDREN (<18 YEARS OF AGE) WHO CAN GET PREGNANT:			
<input type="checkbox"/> Parent or legal guardian must have read the Pomalidomide REMS educational material and agreed to ensure compliance			

Checklist for Adult Female or Female Child Who Cannot Get Pregnant

- I will make sure that patients are aware that they will receive the Medication Guide along with their prescription

I COUNSELED ADULT FEMALE OR FEMALE CHILD WHO CANNOT GET PREGNANT ON:

- Possible side effects include deep vein thrombosis, pulmonary embolism, myocardial infarction and stroke
 Not sharing pomalidomide capsules with anyone
 Keeping pomalidomide out of reach of children
 Not donating blood while taking pomalidomide (including dose interruptions) and for 4 weeks after stopping pomalidomide
 Not breaking, chewing, or opening pomalidomide capsules
 Instructions on pomalidomide dose and administration

Milligram (mg) Strength: _____ Number of Capsules Dispensed: _____

FEMALE CHILDREN (<18 YEARS OF AGE) WHO CANNOT GET PREGNANT:

- Parent or legal guardian must have read the Pomalidomide REMS educational material and agreed to ensure compliance
 Parent or legal guardian must inform the child's healthcare provider when the child begins menses

Checklist for Adult Male or Male Child

- I will make sure that patients are aware that they will receive the Medication Guide along with their prescription

I COUNSELED ADULT MALE OR MALE CHILD ON:

- Potential embryo-fetal toxicity and contraception (wearing a latex or synthetic condom **every time** when engaging in sexual intercourse with a female who can get pregnant, even if the patient has had a successful vasectomy)
 Female partners of males taking pomalidomide must call their healthcare provider right away if they get pregnant
 Possible side effects include deep vein thrombosis, pulmonary embolism, myocardial infarction and stroke
 Not sharing pomalidomide capsules with anyone
 Keeping pomalidomide out of reach of children
 Not donating sperm while taking pomalidomide (including dose interruptions) and for 4 weeks after stopping pomalidomide
 Not breaking, chewing, or opening pomalidomide capsules
 Instructions on pomalidomide dose and administration

Milligram (mg) Strength: _____ Number of Capsules Dispensed: _____

MALE CHILD (<18 YEARS OF AGE):

- Parent or legal guardian must have read the Pomalidomide REMS education material and agreed to ensure compliance

All boxes and spaces must be marked or filled in during counseling with the patient for every prescription.



Counselor Signature: _____

Date: _____

For more information about pomalidomide and the Pomalidomide REMS, please visit www.PomalidomideREMSProgram.com, or call the REMS Coordinating Center at 1-866-245-7925.

Pomalidomide is only available under a restricted distribution program, the Pomalidomide REMS.

Please see Prescribing Information, including Boxed WARNINGS, CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS, and ADVERSE REACTIONS.

POMALIDOMIDE REMS